

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



January 16, 1984

ERRATA NOTICE

All County Welfare Directors

Reference: All County Welfare Directors (ACWD) Letter No. 83-58

ACWD Letter No. 83-58 contained detailed instructions for the implementation of the court's decision in Beltran v. Myers and a description of past eligibility criteria for the determination of retroactive eligibility.

It has been brought to our attention that some confusion exists as to the determination of Beltran class membership. Section III(B) of ACWD Letter No. 83-58 has been revised to clarify this criteria. This will make it clear that if, for example, an ABD-MN person had applied in June 1981 but this application was not denied until July 25, 1981 due solely to a transfer of resources, the person is a Beltran class member.

The description of eligibility criteria for 1982 has been revised to include a detailed chart of the maintenance need levels in effect as of September 1, 1982.

Please remove page 2 of ACWD Letter No. 83-58 and page 11 of the description of eligibility criteria for 1982 and insert the attached revised pages.

If you have any questions regarding this matter, please contact Marie Harder at (916) 324-4963 or (ATSS) 454-4963.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabilas, Chief
Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

the notice was issued to contact the county and request consideration as a class member. Persons responding within the 90-day period shall immediately (within 10 days) be sent an informational letter (Attachment II) and the Beltran application (see ACWD Letter 83-51). Those persons who respond after the 90-day period will be issued a Notice of Rejection (Attachment III). A copy of this notice must be filed in the case record (if the potential class member was identified via a manual search) or in a central Beltran file (if identified via computer). No further county action is required on cases in which no response is received. However, cases in which a response is not received or is not received timely may not be destroyed without the permission of the DHS and must be kept readily accessible.

III. Submission of the Beltran Application

Persons to whom a Beltran application is mailed have 90 days from the date of mailing in which to return the application. If returned within the 90-day period, the county must schedule an interview and provide notice of the interview to the Beltran applicant.

If the county mailed the Beltran application in accordance with instructions in ACWD Letter 83-51 or if the case was identified via computer, class membership should be reviewed prior to the scheduling of an interview, if possible. The case record of the individual should be reviewed to determine whether the following conditions exists:

- A. The person applied for Medi-Cal prior to July 1, 1981 as an ABD-MN person (disability need not have been verified).
- B. Medi-Cal benefits for any month prior to July 1, 1981 were denied or terminated due solely to a transfer of resources.

If both of the above conditions apply, the person is a potential class member and shall be scheduled for an interview. If at least one of those conditions does not apply, the county shall issue a Notice of Rejection. If the application was mailed in accordance with ACWD Letter 83-51 and no case record exists for that individual, the applicant must produce a Notice of Action regarding the pre-July 1, 1981 denial or termination. Failure to provide this information will result in rejection of the application due to lack of class membership.

If the Beltran application is not returned within the 90-day period, the county must issue a Notice of Rejection. Although no further action is required on these cases, they must not be destroyed and must be kept readily accessible.

Effective September 1, 1982:

See chart.

Long-Term Care - \$25 per month plus the support and care of the spouse, minor dependents, and any other dependent relative for whose support (s)he has contributed regularly, excluding the person in inpatient care.

An allowance for upkeep of the home shall be included for a maximum of six months beginning with the first of the month in which long-term care status is established, when a medical determination has been made that the applicant or beneficiary can be expected to return home before the expiration of the six month period. An allowance for upkeep shall be made when the following circumstances exist:

- A. When the applicant or beneficiary has been living alone in the home, a maximum of \$128 per month. (\$111 effective September 1, 1982).
- B. When the home is shared with persons for whom the applicant or beneficiary has no legal responsibility for support, a maximum of \$86 per month. (\$75 effective September 1, 1982).

Determination of Share of Cost (50653)

The share of cost is determined as follows:

- A. For MFBU's which do not include a person in LTC:
 - 1. Determine net nonexempt income available to the members of the MFBU.
 - 2. Round the total net nonexempt income determined in (1) to the nearest dollar, with amounts ending in 50 cents or more rounded to the next higher dollar.
 - 3. Determine the appropriate maintenance need for the MFBU.
 - 4. Subtract the combined maintenance need from the total rounded net nonexempt income. The remainder, if any, is the share of cost.

Effective September 1, 1982

Number of Persons in MFBU	Ø ABD-MN	All ABD-MN	Includes 1 ABD-MN	Includes 2 ABD-MN	Includes 3 ABD-MN	Includes 4 ABD-MN	Includes 5 ABD-MN	Includes 6 ABD-MN	Includes 7 ABD-MN	Includes 8 ABD-MN	Includes 9 ABD-MN	Includes 10 ABD-MN
1 Person	248	331	331									
2 Persons	408	544	491	544								
3 Persons	506	675	589	642	675							
4 Persons	601	801	684	737	770	801						
5 Persons	686	915	769	822	855	886	915					
6 Persons	771	1,028	854	907	940	971	1,000	1,028				
7 Persons	846	1,128	929	982	1,015	1,046	1,075	1,103	1,128			
8 Persons	922	1,230	1,005	1,058	1,091	1,122	1,151	1,179	1,204	1,230		
9 Persons	996	1,328	1,079	1,132	1,165	1,196	1,225	1,253	1,278	1,304	1,328	
10 Persons	1,071	1,428	1,154	1,207	1,240	1,271	1,300	1,328	1,353	1,379	1,403	1,428

For MFBUs with more than 10 persons, add the appropriate maintenance need for ten plus \$7.00 for each additional person.

The maintenance need for one when all other persons are PA or Other PA is \$204.00

The ABD-MN maintenance need for one when all other persons are PA or Other PA is \$272.00.